

Name
in
Full

Annie Blake.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bellestar

Caroline

Date

1905

Month

April

Day

15

Age

Years

32

Months

9

Days

1

Sex

Female.

Color or
Race

Black.

Birth-
place

Easton Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married Single

Name of Wife or
Husband

H M Robinson

Father's
Name

Unknown

Father's
BirthplaceMother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
Information

H M Robinson

How related
to deceased

Paramour

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

2 years.

Immediate

Exhaustion

How long

three months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H J Miller

Address

Bellestar Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Minnie Boston

CERTIFICATE OF DEATH

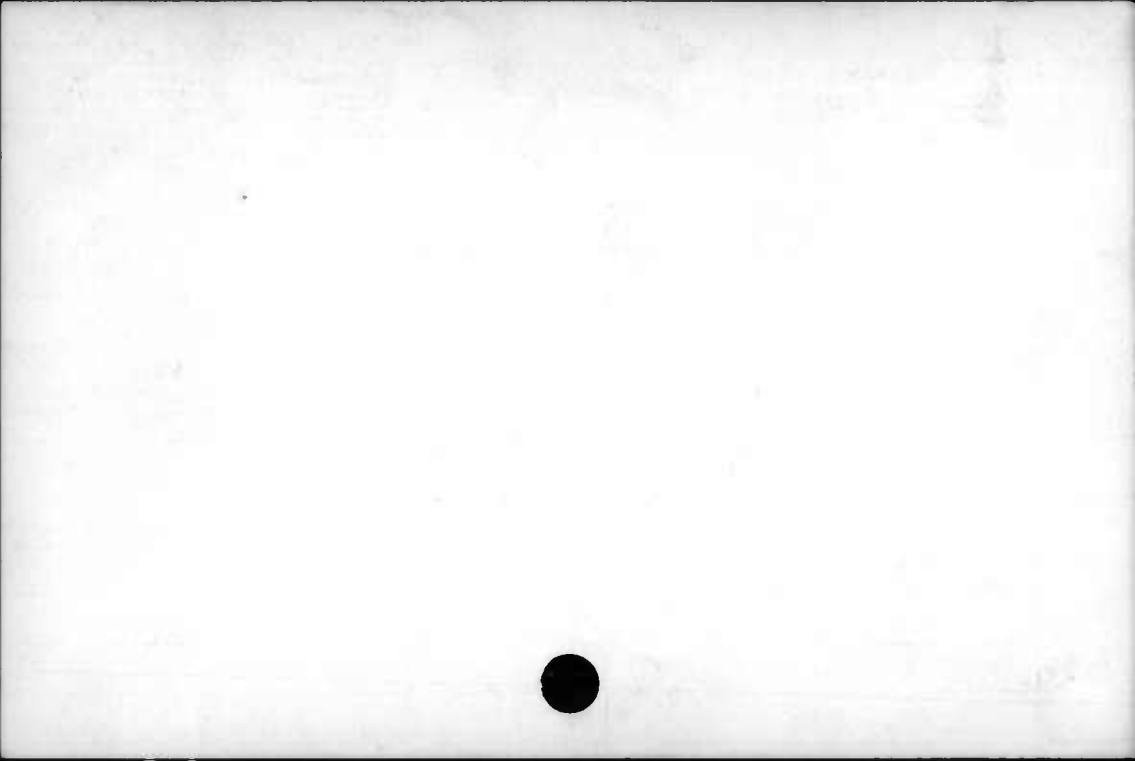
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1905</u> - <u>April</u> Month		<u>17</u> Day		<u>2</u> Years	
<u>Male</u> Sex		<u>Black</u> Color or Race		<u>Denton Md</u> Birth-place	
<u>None</u> Occupation		<u>Denton</u> Where Residing if not at place of death			
<u>Married</u> Married, Single or Widowed		<u>None</u> Name of Wife or Husband			
<u>Alonzo Boston</u> Father's Name		<u>Md</u> Father's Birthplace			
<u>Manda Boston</u> Mother's Maiden Name		<u>Md</u> Mother's Birthplace			
<u>Alonzo Boston</u> Name of person giving Information		<u>Father</u> How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<u>Burns</u> Primary		<u>167</u> How long	
<u>None</u> Immediate		<u>None</u> How long	
<u>yes</u> Are the name, age, sex, color, date and place correctly given above?		<u>P R L iker</u> Signature of Physician	
		<u>Denton</u> Address	
<u>Accident</u> Accident or Suicide?		<u>Md.</u>	



Name
in
Full

Ella Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1905	Month	April	Day	21st	Age	26
Sex	<i>Female</i>		Color or Race	<i>W</i>		Birth-place	<i>W</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Clarka Christopher</i>			
Father's Name		<i>Andrew Beauchamps</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name		<i>J. L. Hart</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information		<i>G. Christopher</i>				How related to deceased <i>Bro-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera</i>	How long	<i>2 weeks</i>
Immediate	<i>Postally Enteritis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Raymond Brown</i>	
		Address <i>Frederick</i>	
Accident or Suicide?			



Name
in
Full

Eliza J. Dukes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wynson</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death <i>1905</i> Year		<i>Apr</i> Month		<i>16</i> Day	
Age <i>65</i> Years		Months		Days	
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>E. J. Dukes</i>				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	<i>104</i> How long	<i>2 days</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

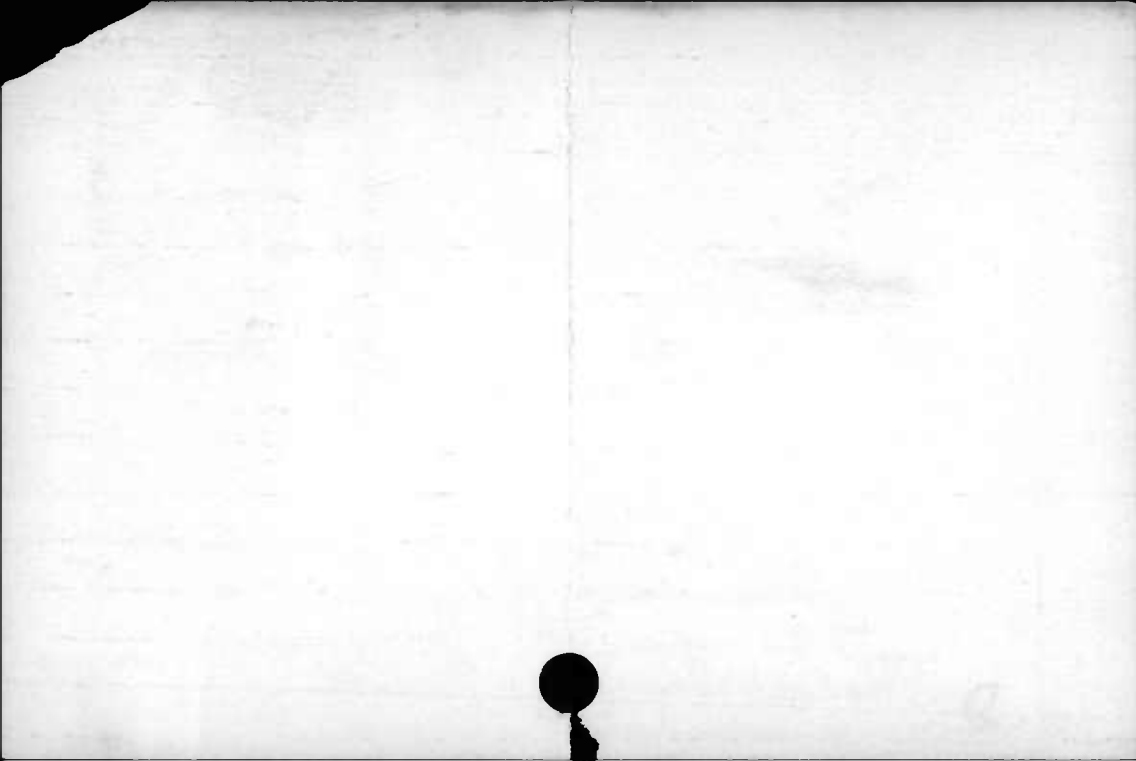
Signature of Physician

R Kemp Jefferson

Address

Federal King md

Accident or Suicide?



Name in Full

Certificate of Death

Edward R. Goslin

Died at

F. Edmundsburg

County

Caroline

MARYLAND

Date

1904, 4 21

Age

81

M.

D.

Native of

Occupation

as above, Landowner

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Emily L. Goslin

Wife

Father's

Name

Thomas

Mother's

Name

Margaret

Cause of

Primary

Senility

How long sick

30 days

Death

Immediate

Exhaustion, - malarial

Accident, Suicide, Homicide

Reported by

G. F. Goslin

Address

Federalburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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11

Name
in
Full

Le Compt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

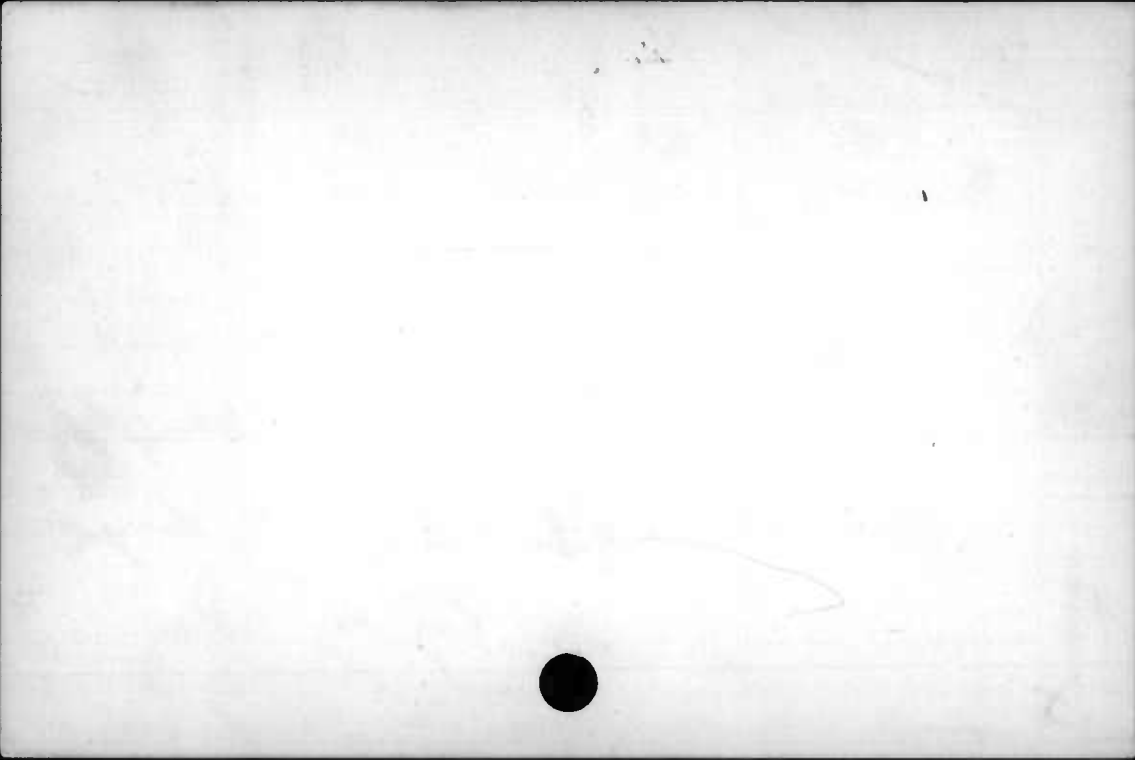
MARYLAND

Died at <i>Hobbes</i> Town		<i>Caroline</i> County			
Date of death <i>1905</i>	Month <i>April</i>	Day <i>24</i>	Age <i>one hour</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thomas J. LeCompt</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Nettie May Carroll</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>Mary Carroll</i>		How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asphyxia</i>	How long	
Immediate		How long	<i>157</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Gas. H. Ward.</i>	
		Address <i>Andersontown</i>	
Accident or Suicide?			



Name
in
Full

Annie Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Williston* *Caroline* County

Date of death *1905* *April* *29* *Age* *46* Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation Where Residing if not at place of death

~~Married~~ or Widowed Name of Wife or Husband

Father's Name *C. E.* Father's Birthplace

Mother's Maiden Name *C. E.* Mother's Birthplace

Name of person giving Information *Mrs. Hammond* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Obstruction of Intestines* How long *3 days*

Immediate How long

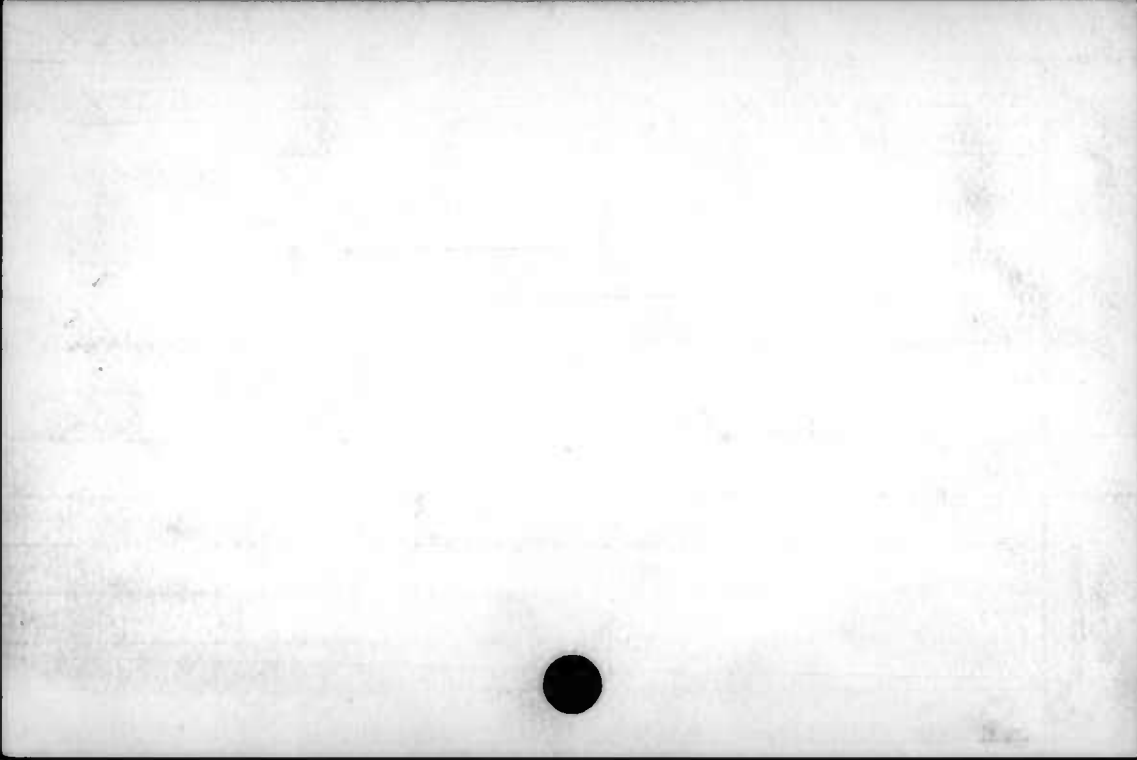
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. H. Ward
Andersontown
MD

Accident or Suicide?



Name in Full

Certificate of Death

Paul Rosen.

Town

County

Died at

Annamian Conn, Caroline

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1908 4 30

Age

- 3 -

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of Primary

Death Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Accident Suicide Homicide

LIBRARY BUREAU, 65968



Name
in
Full

Elizabeth Swann

CERTIFICATE OF DEATH

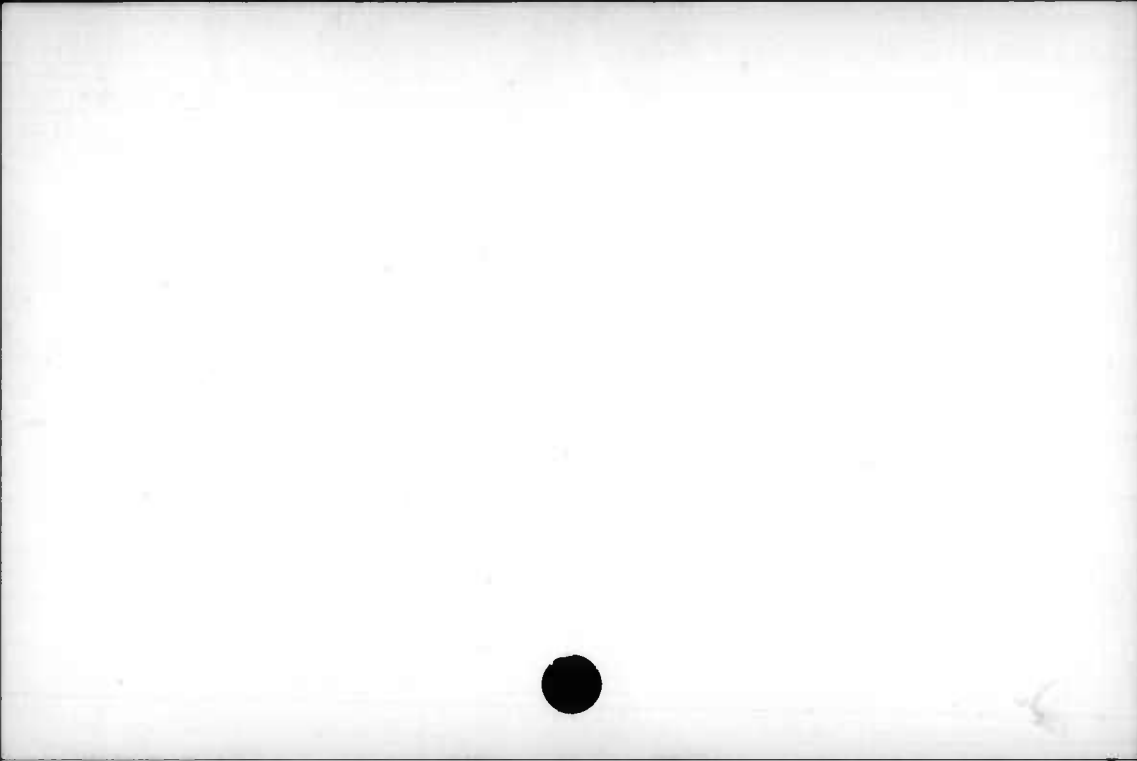
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Year</small> <u>April</u> <small>Month</small>		<u>28</u> <small>Day</small>	<u>28</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed		Name of the or Husband <u>Harry Swann</u>			
Father's Name <u>Alexander Blake</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Sarah</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Harry Swann</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes Mellitis</u>	How long <u>3 months</u>
Immediate <u>Coma</u>	How long <u>26 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Madara</u>
	Address <u>Ridgely Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> ^{Town}		County <i>Caroline</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>April</i>	Day <i>22</i>	Age <i>35</i>	Years <i>-</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Jacob A. Taylor</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Virginia Walker</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Jacobs E. Taylor</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>One year</i>
Immediate	<i>Same</i>	How long	<i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. P. Fisher</i>	
		Address <i>Denton</i>	
Accident or Suicide? <i>No</i>		<i>Ind</i>	

